

EXHIBIT 10

Form 990 **Return of Organization Exempt From Income Tax** OMB No 1545-0047
2017
 Department of the Treasury Internal Revenue Service **Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization: UMSJ Health System LLC
 % ED WUENSCHHELL
 Doing business as: UM St Joseph Medical Center
 Number and street (or P.O. box if mail is not delivered to street address): 7601 Osler Drive
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: Towson, MD 21204

D Employer identification number: 46-2097818
E Telephone number: (410) 328-1376
G Gross receipts \$ 448,518,580

F Name and address of principal officer: Thomas B Smyth, 7601 Osler Drive, Towson, MD 21204

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ <https://www.umms.org/sjmc>

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2012 **M** State of legal domicile: MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 THE ORGANIZATION'S MISSION IS GUIDED BY OUR CATHOLIC HEALTH CARE TRADITION OF LOVING SERVICE & COMPASSIONATE CARE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	2,807
6 Total number of volunteers (estimate if necessary)	6	508
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	391,712
7b Net unrelated business taxable income from Form 990-T, line 34	7b	336,669

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,075,910	234,545
9 Program service revenue (Part VIII, line 2g)	434,538,535	441,608,293
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,314,528	4,287,820
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	440,928,973	446,130,658
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	119,950	165,400
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	197,345,365	202,249,518
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	240,126,309	235,955,275
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	437,591,624	438,370,193
19 Revenue less expenses Subtract line 18 from line 12	3,337,349	7,760,465

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	311,443,331	303,739,311
21 Total liabilities (Part X, line 26)	412,898,758	401,755,859
22 Net assets or fund balances Subtract line 21 from line 20	-101,455,427	-98,016,548

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: 2019-05-08
 PAUL S NICHOLSON SVP CFO & TREASURER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Frank Giardini	Preparer's signature: Frank Giardini	Date: 2019-05-15	Check <input type="checkbox"/> if self-employed	PTIN: P00532355
Firm's name: ▶ GRANT THORNTON LLP	Firm's EIN: ▶			
Firm's address: ▶ 2001 MARKET STREET SUITE 700 PHILADELPHIA, PA 19103	Phone no: (215) 561-4200			

Form 990 (2017)

Page **2****Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission

THE ORGANIZATION'S MISSION IS GUIDED BY OUR CATHOLIC HEALTH CARE TRADITION OF LOVING SERVICE AND COMPASSIONATE CARE AS AN INTEGRAL MEMBER OF UMMS, WE PROVIDE ACCESS TO A FULL SPECTRUM OF HEALTH CARE SERVICES THAT IMPROVES THE HEALTH OF THE COMMUNITIES WE SERVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 373,384,039 including grants of \$ 165,400) (Revenue \$ 444,036,747)
See Additional Data










4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 373,384,039

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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Check if Schedule O contains a response or note to any line in this Part V



		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6 Did the organization have members or stockholders?	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	Yes	
b Each committee with authority to act on behalf of the governing body?	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13 Did the organization have a written whistleblower policy?	Yes	
14 Did the organization have a written document retention and destruction policy?	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	Yes	
b Other officers or key employees of the organization	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: MD

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ► ED WUENSCHALL 900 ELKRIDGE LANDING ROAD - 3 EAST LINTHICUM, MD 21090 (443) 462-5811

Check if Schedule O contains a response or note to any line in this Part VII ☒

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								9,159,552	5,973,400	465,514

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 267

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
The Whiting Turner Contracting Comp, PO Box 17596 BALTIMORE, MD 21297	Contracting	8,501,236
Electrico Incorporated, 1300 Racquet Road BALTIMORE, MD 21209	Contracting	4,110,312
Crothall Services, 13028 Collections Drive CHICAGO, IL 60693	Environmental Serv	4,106,867
Advanced Imaging Partners Inc, 7253 Ambassador Road BALTIMORE, MD 21244	Healthcare Services	1,883,333
Hord Coplan Macht Inc, 700 East Pratt Street Suite 1200 BALTIMORE, MD 21202	Architecture Serv	1,672,892

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 85

Part VIII Statement of Revenue

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			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	234,545				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		234,545				
Program Service Revenue			Business Code				
	2a PATIENT SERVICE REVENUE		900099	441,608,293	441,552,591	55,702	
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		441,608,293				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		0			
		4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties			0				
6a Gross rents		(i) Real (ii) Personal					
		3,848,114					
b Less rental expenses		2,387,922					
c Rental income or (loss)		1,460,192	0				
d Net rental income or (loss)			1,460,192			1,460,192	
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other					
b Less cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)			0				
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a	0				
b Less direct expenses		b	0				
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities See Part IV, line 19		a	0				
b Less direct expenses		b	0				
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances		a	0				
b Less cost of goods sold		b	0				
c Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue		Business Code					
11a INCOME FROM JOINT VENTURES	900099	1,670,315	1,334,305	336,010			
b OTHER REVENUE	900099	1,149,851	1,149,851				
c MEDICAL RECORDS	900099	7,462			7,462		
d All other revenue							
e Total. Add lines 11a-11d		2,827,628					
12 Total revenue. See Instructions		446,130,658	444,036,747	391,712	1,467,654		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	165,400	165,400		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,346,371	888,724	2,457,647	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	166,282,923	134,689,168	31,593,755	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,084,180	4,118,186	965,994	
9 Other employee benefits	16,674,884	13,506,656	3,168,228	
10 Payroll taxes	10,861,160	8,797,540	2,063,620	
11 Fees for services (non-employees)				
a Management	0			
b Legal	6,326	5,124	1,202	
c Accounting	0			
d Lobbying	16,113		16,113	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	83,129,947	68,731,675	14,398,272	
12 Advertising and promotion	111,207	90,078	21,129	
13 Office expenses	1,632,438	1,322,275	310,163	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	8,108,094	6,567,556	1,540,538	
17 Travel	196,678	159,309	37,369	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	683,573	553,694	129,879	
20 Interest	11,416,198	9,247,120	2,169,078	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	21,476,997	17,396,368	4,080,629	
23 Insurance	6,341,257	5,968,807	372,450	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	81,002,272	81,002,272		
b BAD DEBT EXPENSE	14,170,910	14,170,910		
c REPAIR/MAINTAINANCE	4,985,284	4,038,080	947,204	
d EQUIPMENT RENT	457,180	370,316	86,864	
e All other expenses	2,220,801	1,594,781	626,020	
25 Total functional expenses. Add lines 1 through 24e	438,370,193	373,384,039	64,986,154	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	43,386,799	4	37,390,785
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	845,854	7	901,685
	8 Inventories for sale or use	5,613,769	8	5,670,032
	9 Prepaid expenses and deferred charges	1,904,101	9	1,629,576
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 301,447,673		
	b Less: accumulated depreciation	10b 91,533,015	10c	209,914,658
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	59,232,516	15	48,232,575
16 Total assets. Add lines 1 through 15 (must equal line 34)	311,443,331	16	303,739,311	
Liabilities	17 Accounts payable and accrued expenses	55,196,019	17	51,323,436
	18 Grants payable	0	18	0
	19 Deferred revenue	128,688	19	135,676
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	2,006,905	24	1,246,847
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	355,567,146	25	349,049,900
	26 Total liabilities. Add lines 17 through 25	412,898,758	26	401,755,859
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-101,456,147	27	-98,017,268
	28 Temporarily restricted net assets	720	28	720
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-101,455,427	33	-98,016,548	
34 Total liabilities and net assets/fund balances	311,443,331	34	303,739,311	

Part XI Reconciliation of Net Assets

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Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	446,130,658
2	Total expenses (must equal Part IX, column (A), line 25)	2	438,370,193
3	Revenue less expenses Subtract line 2 from line 1	3	7,760,465
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-101,455,427
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,321,586
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-98,016,548

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
- ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
- ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		
3b		

Additional Data

Software ID:

Software Version:

EIN: 46-2097818

Name: UMSJ Health System LLC

Form 990 (2017)

Form 990, Part III, Line 4a:

THE ORGANIZATION'S MISSION IS GUIDED BY OUR CATHOLIC HEALTH CARE TRADITION OF LOVING SERVICE AND COMPASSIONATE CARE. AS AN INTEGRAL MEMBER OF UMMS, WE PROVIDE ACCESS TO A FULL SPECTRUM OF HEALTH CARE SERVICES THAT IMPROVES THE HEALTH OF THE COMMUNITIES WE SERVE. UMSJHS RECEIVED ITS 501(C)(3) EXEMPTION LETTER IN NOVEMBER OF 2014. ON JULY 1, 2015, UMSJHS BECAME THE PARENT COMPANY FOR ALL ENTITIES IN THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL SYSTEM. THIS SYSTEM IS AN INTEGRAL PART OF THE UMMS SYSTEM AND ALLOWS THE SYSTEM TO PROVIDE QUALITY INTEGRATED CARE TO PATIENTS IN THE NORTH BALTIMORE AREA. AS THE SOLE MEMBER OF UMSJMC, UMSJHS SUPPORTS THE ACTIVITIES OF UMSJMC AND ITS AFFILIATES. UMSJHS IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES. ITS ACTIVITIES INCLUDE PROVIDING HEALTHCARE TREATMENT AND CARE TO PERSONS WHO ARE ACUTELY ILL, OPERATING A 24-HOUR EMERGENCY DEPARTMENT WHICH SERVICES ALL COMMUNITY PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. UMSJMC OPERATES A HOSPITAL WITH 224 LICENSED BEDS. DURING ITS FISCAL YEAR ENDED JUNE 30, 2018, THE HOSPITAL ENGAGED IN THE FOLLOWING ACTIVITIES THAT WERE IN FURTHERANCE OF ITS EXEMPT PURPOSE: PROVIDED INPATIENT SERVICES WHICH INCLUDED 16,979 INPATIENT ADMISSIONS (INCLUDING 1,968 BIRTHS), PROVIDED OUTPATIENT SERVICES WHICH INCLUDED 42,290 EMERGENCY DEPARTMENT VISITS, AND 14,282 TOTAL INPATIENT AND OUTPATIENT SURGERIES, AND PROVIDED UNCOMPENSATED CARE TO INDIGENTS AND MEDICALLY UNDERSERVED MEMBERS OF THE COMMUNITY AT COST OF \$4.1M.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Honorable Francis X Kelly Chairman	1 0 0 0	X		X				0	0	0
John W Ashworth III Director	1 0 47 0	X						0	822,679	36,514
Robert A Chrencik Director	1 0 54 0	X						0	2,590,028	25,019
John P Coale Esq Director	1 0 0 0	X						0	0	0
Victoria A Deyesu Director	1 0 0 0	X						0	0	0
Daniel D Dietrick MD Director	1 0 0 0	X						0	0	0
R Michael Gill Director	1 0 0 0	X						0	0	0
Edward J Gillis Esq Director - end 09/2017	1 0 0 0	X						0	0	0
Caroline A Griffin Esq Director - end 09/2017	1 0 0 0	X						0	0	0
Honorable Andrew P Harris MD Director	1 0 0 0	X						0	0	0

HUM_0000531

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Monsignor Richard Hilgartner Director	1 0 0 0	X						0	0	0
Monsignor J Bruce Jarboe Director	1 0 0 0	X						0	0	0
David E Kelly Director	1 0 0 0	X						0	0	0
Frank R Palmer IV Director	1 0 0 0	X						0	0	0
Kevin F Powderly Director	1 0 0 0	X						0	0	0
E Albert Reece MD Director	1 0 2 0	X						0	0	0
Kim Schatzel PhD Director	1 0 0 0	X						0	0	0
Honorable James T Smith Jr Director	1 0 0 0	X						0	0	0
Monsignor Richard W Woy Director	1 0 0 0	X						0	0	0
Adele A Wilzack RN Director	1 0 0 0	X						0	0	0

HUM_0000532

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas B Smyth President & CEO	40 0 1 0	X		X				740,378	0	118,040
Paul S Nicholson SVP, CFO & Treasurer	40 0 1 0			X				461,185	0	25,494
Craig J Carmichael VP, Operations/Secretary	40 0 0 0			X				430,591	0	24,525
Gail P Cunningham VP, Medical Affairs & CMO	40 0 0 0				X			543,405	0	19,634
Walter J Furlong VP, Strategy & Business Dev	40 0 0 0				X			326,874	0	20,185
Pamela A Jamieson VP & CNO	40 0 0 0				X			345,319	0	16,068
Everest S Conover SVP, Clinical Integration	40 0 0 0				X			498,619	0	61,126
Paul McAfee physician	40 0 0 0					X		1,342,503	0	18,178
David Dalury Physician	40 0 0 0					X		1,220,495	0	16,272
Bruce Wolock Physician	40 0 0 0					X		1,204,649	0	17,308

HUM_0000533

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Brian Mulliken Physician	40 0 0 0					X		1,058,563	0	21,045
Michael Dabbah Physician	40 0 0 0					X		986,971	0	23,098
Mohanakumar Suntharalingam Former President & CEO	0 0 42 0						X	0	2,560,693	23,008

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DLN: 93493134105219

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
UMSJ Health System LLC**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

46-2097818

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2017

HUM_0000535

Schedule A (Form 990 or 990-EZ) 2017

Page **2****Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued) Case 1:20-cv-02088-DKC Document 105-12 Filed 07/25/22 Page 23 of 103

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: 46-2097818
Name: UMSJ Health System LLC

Schedule A (Form 990 or 990-EZ) 2017

Page **8**

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2017

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
UMSJ Health System LLC

Employer identification number

46-2097818

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$

3 Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Schedule C (Form 990 or 990-EZ) 2017

Page **2****Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a If zero or less, enter -0-			
i Subtract line 1f from line 1c If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Page **3****Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		16,113
j	Total Add lines 1c through 1i			16,113
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
OTHER ACTIVITIES	SCHEDULE C, PART II-B, LINE 1I THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA) MHA AND AHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS THE MHA AND AHA REPORTED THAT 6 6% AND 22 98% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART II-B AS LOBBYING ACTIVITIES

SCHEDULE D
(Form 990)

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OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
► **Attach to Form 990.**

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Name of the organization
UMSJ Health System LLC

Employer identification number
46-2097818

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	15,165,362		15,165,362
b Buildings	0	167,671,239	28,553,295	139,117,944
c Leasehold improvements	0	289,916	122,592	167,324
d Equipment	0	113,175,641	62,097,240	51,078,401
e Other	0	5,145,515	759,888	4,385,627
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				209,914,658

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. **Case 1:20-cv-02088-PJC Document 105-12 Filed 07/25/22 Page 32 of 103**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) LONG TERM INVESTMENT - MRI	14,392,731
(2) ECONOMIC INT IN FOUNDATION	9,502,627
(3) OTHER ASSETS	9,485,414
(4) MALPRACTICE TRUST	7,889,234
(5) DEBT SERVICE FUND	4,389,000
(6) ESCROW	1,445,416
(7) CUR PORTION ASSETS LTD TO USE	1,128,153
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	48,232,575

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO AFFILIATE	315,903,611
OTHER MALPRACTICE	19,388,906
ADVANCES FROM 3RD PARTY PAYORS	11,411,744
CREDIT BALANCE	2,235,206
OTHER LIABILITIES	110,433
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	349,049,900

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2017

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

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Part XIII Supplemental Information (*continued*)

Return Reference	Explanation

Schedule D (Form 990) 2017

Additional Data

Software ID:
Software Version:
EIN: 46-2097818
Name: UMSJ Health System LLC

Supplemental Information

Return Reference	Explanation
FIN48 FOOTNOTE PER AUDIT REPORT	SCHEDULE D, PART X, LINE 2 THE ORGANIZATION IS A SUBSIDIARY OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (THE CORPORATION) THE CORPORATION ADOPTED THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN THE INCOME TAXES (FIN 48) ON JULY 1, 2007 THE FOOTNOTE RELATED TO ASC 740 IN THE CORPORATION'S AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS THE CORPORATION FOLLOWS A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX LIABILITIES OR BENEFITS THAT SHOULD BE RECOGNIZED

**SCHEDULE H
(Form 990)**

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OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury

► **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
► **Attach to Form 990.**

► **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

UMSJ Health System LLC

Employer identification number

46-2097818

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,139,207		4,139,207	0 980 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			4,139,207		4,139,207	0 980 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,210,432	269,404	1,941,028	0 460 %
f Health professions education (from Worksheet 5)			2,639,350		2,639,350	0 620 %
g Subsidized health services (from Worksheet 6)			20,490,354		20,490,354	4 830 %
h Research (from Worksheet 7)			641,198	11,160	630,038	0 150 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			61,543		61,543	0 010 %
j Total. Other Benefits			26,042,877	280,564	25,762,313	6 070 %
k Total. Add lines 7d and 7j			30,182,084	280,564	29,901,520	7 050 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year and describes in Part VI how its community building activities promote the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			6,833		6,833	
8 Workforce development			34,787		34,787	0.010 %
9 Other						
10 Total			41,620		41,620	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	8,450,845	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	146,606,145
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	126,712,153
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	19,893,992
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
UMMS St Joseph Medical Center LLC

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes
If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a <input checked="" type="checkbox"/> Hospital facility's website (list url) www.umms.org/sjmc/community		
b <input type="checkbox"/> Other website (list url)		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 15		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
If "Yes" (list url) www.umms.org/sjmc/community		
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

UMMS St Joseph Medical Center LLC

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance?	15	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.umms.org/sjmc/community</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.umms.org/sjmc/community</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.umms.org/sjmc/community</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)

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Billing and Collections

UMMS St Joseph Medical Center LLC

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

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Page **7****Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

UMMS St Joseph Medical Center LLC

Name of hospital facility or letter of facility reporting group _____

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	No
If "Yes," explain in Section C		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	No
If "Yes," explain in Section C		

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

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Page **9****Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
CRITERIA FOR FREE OR DISCOUNTED CARE	SCHEDULE H, PART I, LINE 3C UMSJMC IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO PERSONS WHO HAVE HEALTH CARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM, OR OTHERWISE UNABLE TO PAY, FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS. THE FAP ALSO USES A FINANCIAL HARDSHIP THRESHOLD WHEN DETERMINING ELIGIBILITY. A PATIENT WITH MEDICAL DEBT EXCEEDING 25% OF FAMILY ANNUAL HOUSEHOLD INCOME MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

HUM_0000561

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
COMMUNITY BENEFIT REPORT	SCHEDULE H, PART I, LINE 6B THE ORGANIZATION ANNUALLY FILES A COMMUNITY BENEFIT REPORT AS REQUIRED BY THE MARYLAND HSCRC THE REPORT CAN BE FOUND AT HTTPS //HSCRC STATE MD US/PAGES/INIT_CB ASPX

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
COSTING METHODOLOGY	<p>SCHEDULE H, PART I, LINE 7 MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
COMMUNITY BUILDING ACTIVITIES	<p>SCHEDULE H, PART II UMSJMC ACTIVELY ENGAGES WITH SEVERAL LOCAL PARTNERS TO PROMOTE THE HEALTH OF THE COMMUNITY. WE HAVE AN ONGOING PARTNERSHIP WITH OUR LOCAL Y IN CENTRAL MARYLAND, THE OROKAWA Y IN TOWSON. IN ADDITION TO A SPONSORSHIP THAT BENEFITS THE Y'S GIVE EVERY CHILD A CHANCE CAMPAIGN, WE PLAN MONTHLY HEALTH EVENTS SUCH AS FREE LECTURES DELIVERED BY EXPERTS, HEALTH FAIRS AND SCREENINGS, AND FLU IMMUNIZATIONS. WE PROVIDE FURTHER SUPPORT AND EXPERTISE FOR THEIR INITIATIVES SUCH AS FAMILY HEALTH EVENTS, FITNESS CHALLENGES, AND AWARENESS EFFORTS. THIS PARTNERSHIP ALLOWS FOR GREATER ACCESS TO OUR SHARED COMMUNITY WHICH INCLUDES UNDERSERVED AND HIGH RISK POPULATIONS. THE COLLABORATION AND SHARED RESOURCES HAVE HELPED BOTH ORGANIZATIONS TO BETTER ASSESS HEALTH NEEDS AND GAIN TRUST WITHIN THE COMMUNITY. OUR EXISTING PROGRAMS HAVE BEEN WIDELY PROMOTED TO THEIR MEMBERSHIP AND WE HAVE BEEN ABLE TO OFFER TAILORED PROGRAMS TO MEET THE NEEDS OF THEIR MEMBERS. UMSJMC IS ALSO PROUD TO SUPPORT THE EFFORTS OF POWERED BY ME!, A PROGRAM THAT ENCOURAGES POSITIVE DECISION MAKING AMONG THE YOUTH IN OUR COMMUNITY. THIS INCLUDES AN ANNUAL CONFERENCE ATTENDED BY APPROXIMATELY 500 STUDENT ATHLETES, COACHES, AND ADMINISTRATORS FROM PUBLIC AND PRIVATE SCHOOLS IN BALTIMORE COUNTY, BALTIMORE CITY, HOWARD COUNTY, HARFORD COUNTY, PRINCE GEORGES COUNTY, AND ANNE ARUNDEL COUNTY. THE FOCUS OF THE CONFERENCE IS PERFORMANCE ENHANCEMENT, SUBSTANCE ABUSE, AND SOCIAL RESPONSIBILITY. THE MESSAGE IS DELIVERED BY PROFESSIONAL ATHLETES, HEALTH EXPERTS, COUNTY REPRESENTATIVES, AND OTHER STUDENTS. THE GOAL IS TO EMPOWER THESE YOUNG ADULTS TO ACT AS ROLE MODELS AND REDUCE THE PREVALENCE OF DRUG ABUSE, EATING DISORDERS, PARTNER VIOLENCE, AND BULLYING IN OUR COMMUNITY. UMSJMC IS A PART OF THE CORPORATE INTERNSHIP PROGRAM THROUGH CRISTO REY JESUIT HIGH SCHOOL LOCATED IN BALTIMORE CITY. ALONG WITH OUR FINANCIAL CONTRIBUTION, WE COMMIT TO HOSTING FOUR HIGH SCHOOL STUDENTS IN VARIOUS DEPARTMENTS ACROSS THE MEDICAL CENTER EACH YEAR. CURRENTLY, STUDENTS ARE PLACED IN DEPARTMENTS SUCH AS EMPLOYEE HEALTH, MOTHER BABY, BUILDING OPERATIONS, AND PATIENT TRANSPORT. THE STUDENTS ARE ONSITE 1-2 DAYS A WEEK THROUGHOUT THEIR SCHOOL YEAR. THEY LEARN VALUABLE SKILLS IN THE WORK SETTING AND GAIN EXPOSURE TO POTENTIAL CAREERS. WE WORK COLLABORATIVELY WITH THE BALTIMORE COUNTY DEPARTMENT OF AGING TO DETERMINE TIMELY TOPICS AND SERVICES FOR THE SENIOR POPULATION. ON AN ANNUAL BASIS, WE TRAVEL TO THE MAJORITY OF THE SENIOR CENTERS THROUGHOUT THE COUNTY. MOST RECENTLY, WE DELIVERED PRESENTATIONS ON HOW MEDICATIONS CAN AFFECT SLEEP AND THE AGING BRAIN AT 14 OF THE BALTIMORE COUNTY SENIOR CENTERS. THE GOAL IS REDUCE DRUG ABUSE, DEPENDENCY, AND FALLS. ADDITIONALLY, WE CONTINUE TO OFFER FREE BONE DENSITY SCREENINGS TO SUPPORT BONE HEALTH AWARENESS AND REDUCED INJURIES FROM FALLS. UMSJMC IS REPRESENTED IN THE BALTIMORE COUNTY HEALTH COALITION AS WELL AS THE UNIVERSITY OF MARYLAND SYSTEM HEALTH IMPROVEMENT COMMITTEE WHICH ALLOWS OUR TEAM TO REMAIN WELL-INFORMED AND INVOLVED IN NEW INITIATIVES IN BALTIMORE COUNTY AND SURROUNDING COMMUNITIES.</p>

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990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
BAD DEBT EXPENSE REPORTING IN MARYLAND	<p>SCHEDULE H, PART III, LINE 2 AND 3 THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974 AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL IN 2014, MARYLAND'S WAIVER WITH MEDICARE WAS RENEGOTIATED AND UPDATED TO REFLECT THE CURRENT HEALTHCARE ENVIRONMENT UNDER THIS NEW WAIVER, SEVERAL CRITERIA WERE ESTABLISHED TO MONITOR THE SUCCESS OF THE SYSTEM IN CONTROLLING HEALTHCARE COSTS AND THE CONTINUANCE OF THE WAIVER ITSELF 1 REVENUE GROWTH PER CAPITA 2 MEDICARE HOSPITAL REVENUE PER BENEFICIARY 3 MEDICARE ALL PROVIDER REVENUE GROWTH PER BENEFICIARY 4 MEDICARE READMISSION RATES 5 HOSPITAL ACQUIRED CONDITION RATE BECAUSE OF THIS SYSTEM, THE HOSPITAL IS UNABLE TO ESTIMATE HOW MUCH OF THE AMOUNT REPORTED IN LINE 2 IS ATTRIBUTED TO PATIENTS WHO WOULD APPLY UNDER THE FAP</p>

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Form and Line Reference	Explanation
FOOTNOTE FOR BAD DEBT EXPENSE IN AUDITED FINANCIAL STATEMENTS	<p>SCHEDULE H, PART III, LINE 4 THE CORPORATION RECORDS REVENUES AND ACCOUNTS RECEIVABLE FROM PATIENTS AND THIRD-PARTY PAYORS AT THEIR ESTIMATED NET REALIZABLE VALUE REVENUE IS REDUCED FOR ANTICIPATED DISCOUNTS UNDER CONTRACTUAL ARRANGEMENTS AND FOR CHARITY CARE AN ESTIMATED PROVISION FOR BAD DEBTS IS RECORDED IN THE PERIOD THE RELATED SERVICES ARE PROVIDED BASED UPON ANTICIPATED UNCOMPENSATED CARE, AND IS ADJUSTED AS ADDITIONAL INFORMATION BECOMES AVAILABLE THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AFTER COLLECTION OF AMOUNTS DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR BAD DEBTS, ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, PROVISION FOR BAD DEBTS, AND CONTRACTUAL ADJUSTMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS OR WITH BALANCES REMAINING AFTER THE THIRD-PARTY COVERAGE HAD ALREADY PAID, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS HISTORICAL COLLECTIONS, WHICH INDICATES THAT MANY PATIENTS ULTIMATELY DO NOT PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS</p>

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Form and Line Reference	Explanation
COMMUNITY BENEFIT REPORT	SCHEDULE H, PART III, LINE 8 THE ORGANIZATION FILES ANNUALLY A COMMUNITY BENEFIT REPORT WITH THE STATE OF MARYLAND'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THE HSCRC, WHICH OPERATES UNDER A MEDICARE WAIVER, DOES NOT CONSIDER MEDICARE SHORTFALL AS COMMUNITY BENEFIT THE COSTING METHODOLOGY USED BY THE ORGANIZATION IS A COST-TO-CHARGE RATIO

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Form and Line Reference	Explanation
COLLECTION PRACTICES	<p>SCHEDULE H, PART III, LINE 9B THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY. PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS, EVEN IN EXCESS OF 240 DAYS FOLLOWING THE FIRST POST-DISCHARGE BILLING STATEMENT. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS. NO EXTRAORDINARY COLLECTION ACTIONS (ECAS) WILL OCCUR EARLIER THAN 120 DAYS FROM SUBMISSION OF FIRST BILL TO THE PATIENT AND WILL BE PRECEDED BY NOTICE 30 DAYS PRIOR TO COMMENCEMENT OF THE ACTION. AVAILABILITY OF FINANCIAL ASSISTANCE WILL BE COMMUNICATED TO THE PATIENT AND A PRESUMPTIVE ELIGIBILITY REVIEW WILL OCCUR PRIOR TO ANY ACTION BEING TAKEN. IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AFTER AN ECA IS INITIATED, THE ORGANIZATION WILL TAKE REASONABLE MEASURES TO REVERSE THE ECAS AGAINST THE PATIENT ACCOUNT.</p>

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Form and Line Reference	Explanation
COMMUNITY HEALTH CARE NEEDS ASSESSMENT	<p>SCHEDULE H, PART VI, LINE 2 BEGINNING IN JANUARY 2016, UMSJMC UNDERTOOK A CHNA TO EVALUATE THE HEALTH NEEDS OF INDIVIDUALS LIVING IN BALTIMORE COUNTY, MARYLAND. THE AIM OF THE ASSESSMENT IS TO REINFORCE UMSJMC'S COMMITMENT TO THE HEALTH OF RESIDENTS AND ALIGN ITS HEALTH PREVENTION EFFORTS WITH THE COMMUNITY'S GREATEST NEEDS. THE ASSESSMENT EXAMINED A VARIETY OF HEALTH INDICATORS INCLUDING CHRONIC HEALTH CONDITIONS, ACCESS TO HEALTH CARE AND SOCIAL DETERMINANTS OF HEALTH. UMSJMC CONTRACTED WITH HOLLERAN CONSULTING, A RESEARCH FIRM BASED IN LANCASTER, PENNSYLVANIA, TO EXECUTE THIS PROJECT. THE COMPLETION OF THE CHNA ENABLED UMSJMC TO TAKE AN IN-DEPTH LOOK AT ITS COMMUNITY. THE FINDINGS FROM THE ASSESSMENT WERE UTILIZED BY UMSJMC TO PRIORITIZE PUBLIC HEALTH ISSUES AND DEVELOP A COMMUNITY HEALTH IMPLEMENTATION PLAN FOCUSED ON MEETING COMMUNITY NEEDS. UMSJMC IS COMMITTED TO THE PEOPLE IT SERVES AND THE COMMUNITIES WHERE THEY RESIDE. HEALTHY COMMUNITIES LEAD TO LOWER HEALTH CARE COSTS, ROBUST COMMUNITY PARTNERSHIPS, AND AN OVERALL ENHANCED QUALITY OF LIFE. UMSJMC CONDUCTED AN INDEPENDENT COMMUNITY HEALTH SURVEY THE PREVIOUS YEAR. THE SURVEY SOUGHT TO GATHER INFORMATION AROUND THE MOST SALIENT HEALTH ISSUES IN BALTIMORE COUNTY AND IDENTIFY THE COMMON BARRIERS THAT KEEP PEOPLE FROM SEEKING MEDICAL CARE. NOTWITHSTANDING THE DIFFERENT METHODOLOGIES USED IN THE CURRENT CHNA AND THE SURVEY UMSJMC UNDERTOOK, SOME NOTABLE SIMILARITIES WERE OBSERVED IN THE FINDINGS BETWEEN THE TWO STUDIES.</p>

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Form and Line Reference	Explanation
ELIGIBILITY EDUCATION & FINANCIAL ASSISTANCE	SCHEDULE H, PART VI, LINE 3 UMSJMC MAKES EVERY EFFORT TO MAKE FINANCIAL ASSISTANCE INFORMATION AVAILABLE TO OUR PATIENTS INCLUDING, BUT NOT LIMITED TO -SIGNAGE IN MAIN ADMITTING AREAS AND EMERGENCY ROOMS OF THE HOSPITAL -THE ORGANIZATION'S WEBSITE -PATIENT HANDBOOK DISTRIBUTED TO ALL PATIENTS -BROCHURES EXPLAINING FINANCIAL ASSISTANCE ARE MADE AVAILABLE IN ALL PATIENT CARE AREAS -PATIENT PLAIN LANGUAGE SHEETS - NEWLY REVISED IN JUNE 2016, THIS HANDOUT WAS REVISED AND IS AT THE 5TH GRADE READING LEVEL (AVAILABLE IN ENGLISH, AS WELL AS SPANISH, FRENCH, & CHINESE BASED ON TOP LANGUAGES SPOKEN BY UMMS PATIENTS WITH LIMITED ENGLISH PROFICIENCY) -APPEARING IN PRINT MEDIA THROUGH LOCAL NEWSPAPERS

Form and Line Reference	Explanation
DESCRIPTION OF COMMUNITY SERVED	<p>SCHEDULE H, PART VI, LINE 4 THE COMMUNITY SERVED BY UMSJMC FALLS PRIMARILY WITHIN BALTIMORE COUNTY WITH A FEW OUTLYING AREAS IN HARFORD COUNTY AND BALTIMORE CITY. THE IMMEDIATE GEOGRAPHIC AREA IN WHICH UMSJMC IS LOCATED IS PREDOMINANTLY A MIDDLE-CLASS/UPPER MIDDLE-CLASS POPULATION AS DETERMINED BY RATES OF POVERTY, UNEMPLOYMENT, LIMITED ENGLISH PROFICIENCY, LACK OF HEALTH INSURANCE AND EDUCATION, THE AREAS OF GREATEST NEED WITHIN BALTIMORE COUNTY INCLUDE THE EASTERN PARTS OF THE COUNTY LIKE ESSEX AND DUNDALK AS WELL AS WEST OF THE CITY LIMITS NEAR WOODLAWN. VULNERABLE POPULATIONS ALSO EXTEND THROUGH PIKESVILLE, TOWSON, PARKVILLE/CARNEY AND NORTH INTO COCKEYSVILLE. THE HIGHEST CONCENTRATION OF UMSJMC CHARITY CARE CASES ARE FOUND IN COCKEYSVILLE/ HUNT VALLEY, PARKVILLE AND CARNEY. IN RECENT YEARS, THERE HAS BEEN A GROWING HISPANIC IMMIGRANT POPULATION IN THE HUNT VALLEY/COCKEYSVILLE AREA. THIS HAS CREATED A POCKET OF FINANCIALLY CHALLENGED PEOPLE WHO RECEIVE CHARITY CARE IN AN AREA THAT IS USUALLY VIEWED AS FAIRLY AFFLUENT. CONSISTENT WITH THESE IDENTIFIED VULNERABLE POPULATIONS, THE HIGHEST PROPORTION OF OUR ST. CLARE MEDICAL OUTREACH (A FREE CLINIC FOR THOSE WHO HAVE NO HEALTH INSURANCE AT ALL) PATIENTS COME FROM THE FOLLOWING ZIP CODES 21136, 21030, 21117, 21224, 21208 AND 21234. BALTIMORE COUNTY DEMOGRAPHICS: TOTAL POPULATION 832,468. WHITE 61.4%, BLACK OR AFRICAN AMERICAN 29.2%, ASIAN 6.4%, AMERICAN INDIAN AND ALASKA NATIVE 0.9%, NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER 0.1%, TWO OR MORE RACES 2.6%. HISPANIC 5.5%. LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME 14.0%. PERSONS IN POVERTY 8.3%. PERSONS WITHOUT HEALTH INSURANCE 6.5%. PERSONS WITH A DISABILITY, UNDER AGE 65 7.5%. PERSONS 65 AND OVER 16.8%. (SOURCE: AMERICAN COMMUNITY SURVEY, 2013-2017, 5-YEAR ESTIMATES, U.S. CENSUS BUREAU) AS REPORTED IN OUR 2016 CHNA, THERE WAS A GOOD REPRESENTATION OF ZIP CODES IN THE SURVEY AND PARTICIPANTS WERE WELL SPREAD OUT THROUGHOUT THE COUNTY. NEARLY 40% OF ALL RESPONDENTS RESIDE IN ZIP CODES 21234, 21093, 21236, 21286, 21204, 21030 AND 21212. OF THE TOTAL 924 RESPONDENTS, THE MAJORITY OF RESPONDENTS WERE FEMALE (81%) AND BETWEEN THE AGES OF 55 TO 64 YEARS (24%). AN ADDITIONAL 22% OF ALL RESPONDENTS WERE BETWEEN THE AGES OF 65 AND 80 YEARS. OVER THREE-QUARTERS OF RESPONDENTS IDENTIFY THEMSELVES AS WHITE (79%). THE NEXT LARGEST POPULATION IS THE BLACK/AFRICAN-AMERICAN RACE, AT 13% OF SURVEY PARTICIPANTS. ABOUT 8% OF ALL RESPONDENTS IDENTIFY THEMSELVES AS LATINO/HISPANIC. THE MOST COMMON "OTHER" RACE MENTIONED WAS "MIXED." IN REGARD TO EDUCATIONAL ATTAINMENT, A LITTLE MORE THAN A QUARTER OF RESPONDENTS (27.0%) HAVE ATTAINED AN UNDERGRADUATE DEGREE OR HIGHER. ANOTHER 24% OF SURVEY PARTICIPANTS HAVE A GRADUATE OR PROFESSIONAL-LEVEL DEGREE. THE MAJORITY OF RESPONDENTS IN THE "OTHER" CATEGORY INDICATED THEY HAVE A NURSING DIPLOMA. THE SURVEY ALSO SHOWED THAT A GREATER SHARE OF RESPONDENTS (44%) HAD AN ANNUAL HOUSEHOLD INCOME OF \$75,000 OR MORE AND ABOUT 10% OF RESPONDENTS FALL IN THE LOWEST INCOME BRACKETS, WITH AN ANNUAL HOUSEHOLD INCOME OF LESS THAN \$20,000. RESPONDENTS WERE ASKED TO INDICATE WHETHER OR NOT THEY HAVE HEALTH CARE COVERAGE, INCLUDING INSURANCE, PREPAID PLANS, OR GOVERNMENT PLANS, SUCH AS MEDICAID OR MEDICAL ASSISTANCE. SEVENTY-ONE PERCENT OF RESPONDENTS REPORTED THEY PREDOMINATELY OBTAIN THEIR HEALTH CARE COVERAGE THROUGH THEIR OWN OR SOMEONE ELSE'S EMPLOYER-SPONSORED PLANS. ABOUT 5% OF RESPONDENTS CITED THEY WERE CURRENTLY UNINSURED. APPROXIMATELY 86% OF SURVEY PARTICIPANTS IN BALTIMORE COUNTY HAVE AT LEAST ONE PERSON WHO THEY THINK OF AS THEIR PERSONAL DOCTOR. IN OTHER WORDS, AT LEAST 12% ARE WITHOUT A MEDICAL HOME. SURVEY PARTICIPANTS WERE ASKED TO RATE THEIR OVERALL HEALTH. IN GENERAL, SELF-REPORTED MEASURES OF HEALTH ARE FAVORABLE AMONG RESPONDENTS. OVER ONE-HALF OF RESPONDENTS (53%) REPORTED HAVING VERY GOOD OR EXCELLENT OVERALL HEALTH. APPROXIMATELY 14% OF RESPONDENTS REPORTED HAVING FAIR OR POOR HEALTH. IN ADDITION, APPROXIMATELY HALF OF THE RESPONDENTS REPORTED NOT SUFFERING FROM PHYSICAL ILLNESS OR INJURY DURING THE PREVIOUS 30 DAYS. HOWEVER, NEARLY A QUARTER (24%) REPORTED HAVING ONE TO TWO DAYS OF POOR PHYSICAL HEALTH AND 10% REPORTED HAVING THREE TO FOUR DAYS OF POOR PHYSICAL HEALTH. INABILITY TO WORK DUE TO POOR PHYSICAL HEALTH WAS ALSO MEASURED IN THE SURVEY. A STRONG MAJORITY OF RESPONDENTS IN BALTIMORE COUNTY (78%) REPORTED THERE WERE NO DAYS THEY WERE UNABLE TO WORK DUE TO POOR HEALTH. IN CONTRAST, ABOUT 6% OF RESPONDENTS REPORTED BEING UNABLE TO WORK FOR 11 DAYS OR MORE IN THE PAST MONTH BECAUSE OF POOR PHYSICAL HEALTH. SOME CHRONIC CONDITIONS ARE OF CONCERN IN BALTIMORE COUNTY. HIGH BLOOD PRESSURE WAS THE MOST CITED HEALTH ISSUE RESPONDENTS ENCOUNTERED (44%). HIGH CHOLESTEROL WAS RANKED SECOND WITH ABOUT 39% OF RESPONDENTS SELECTING THE ISSUE AND WAS FOLLOWED BY ARTHRITIS WITH APPROXIMATELY 31% OF RESPONDENTS IDENTIFYING IT AS A HEALTH CONCERN THEY HAVE BEEN DIAGNOSED WITH. SURVEY PARTICIPANTS</p>

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Form and Line Reference	Explanation
DESCRIPTION OF COMMUNITY SERVED	<p>IPANTS WERE ALSO ASKED IN A DIFFERENT SET OF QUESTIONS IF THEY HAVE EVER BEEN DIAGNOSED WITH CANCER, TO WHICH ABOUT 22% (N=189) REPORTED THAT THEY HAVE. AMONG THESE RESPONDENTS, THE MOST COMMON TYPES OF CANCER REPORTED BY RESPONDENTS WERE BREAST CANCER (36%) AND SKIN CANCER OTHER THAN MELANOMA (22%). THE OTHER SET OF SURVEY QUESTIONS DEALT WITH IDENTIFYING THE MOST PRESSING HEALTH ISSUES FACING BALTIMORE COUNTY RESIDENTS. OVERWEIGHT/OBESITY TOPPED THE LIST WITH CLOSE TO 60% OF RESPONDENTS SELECTING THE ISSUE AS ONE OF THE TOP FIVE MOST PRESSING HEALTH ISSUES FACING THEIR COUNTY. CANCER AND DRUG ABUSE/ALCOHOL ABUSE WERE ALSO HEALTH CONCERNS SHARED BY 53% AND 43% OF RESPONDENTS RESPECTIVELY. THE FOURTH MOST PRESSING HEALTH ISSUE WAS HEART DISEASE, WITH A 42% RATING, AND DIABETES WAS RANKED 5TH WITH A RATING OF 37%.</p>

Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	<p>SCHEDULE H, PART VI, LINE 5 UMSJMC IS COMMITTED TO SERVING AS A HEALTH RESOURCE AND PROMOTING THE HEALTH OF THE COMMUNITY. FOUNDED ON A MISSION OF PROVIDING CARE TO THE SICK AND THE UNDERSERVED, UMSJMC OPERATES THE ST. CLARE MEDICAL OUTREACH CLINIC THAT SERVES A MAINLY HISPANIC POPULATION WITH NO ACCESS TO HEALTH CARE. THE PRIMARY CARE CLINIC IS COMPOSED OF A MEDICAL DIRECTOR, NURSE PRACTITIONER, PHYSICIAN ASSISTANT, RNS, MEDICAL ASSISTANT, PHARMACY LIAISON, HEALTH COACH, OFFICE COORDINATOR, NURSE MANAGER, AND PHLEBOTOMIST. SERVICES PROVIDED IN ADDITION TO PRIMARY CARE ARE IMMUNIZATIONS, PHARMACEUTICALS, HEALTH EDUCATION AND REFERRALS TO SPECIALISTS THAT PARTICIPATE IN THE PROGRAM. MENTAL HEALTH COUNSELING IS ALSO PROVIDED BY A CERTIFIED MENTAL HEALTH NURSE PRACTITIONER. ADDITIONAL BEHAVIORAL HEALTH INITIATIVES INCLUDE A PARTNERSHIP WITH MOSAIC COMMUNITY SERVICES TO HOST TRAININGS FOR MENTAL HEALTH FIRST AID. MENTAL HEALTH FIRST AID IS AN EIGHT HOUR PROGRAM DESIGNED TO TEACH MEMBERS OF THE PUBLIC HOW TO RESPOND IN A MENTAL HEALTH EMERGENCY AND TO OFFER SUPPORT TO SOMEONE WHO APPEARS TO BE IN EMOTIONAL DISTRESS. THE TRAINING WAS OFFERED TO UMSJMC EMPLOYEES AS WELL AS PARTNER ORGANIZATIONS IN THE COMMUNITY. THERE WERE 34 INDIVIDUALS TRAINED INCLUDING STAFF FROM THE BALTIMORE COUNTY HEALTH DEPARTMENT, BALTIMORE COUNTY DEPARTMENT OF AGING, AND OTHER LOCAL HOSPITALS. BALTIMORE COUNTY DEPARTMENT OF HEALTH HAS ARRANGED FOR PEER RECOVERY SPECIALISTS IN OUR ED WHO PROVIDE 1:1 PEER OUTREACH AND COACHING AS WELL AS LINKAGES TO RESOURCES THAT INCLUDE DETOX AND OTHER MENTAL HEALTH SERVICES OR FACILITIES, ASSISTANCE WITH SUPPORTIVE HOUSING, TRANSPORTATION, MEDICATION, INSURANCE, AND ANY OTHER ANCILLARY SUPPORT FOR CLIENTS TO BE SUCCESSFUL. AN ONGOING SYSTEM-WIDE INITIATIVE THAT FURTHER SUPPORTS THESE EFFORTS TARGETING MENTAL HEALTH AND SUBSTANCE ABUSE IS THE NOT ALL WOUNDS ARE VISIBLE SERIES WHICH BEGAN IN JUNE 2017 TO PROMOTE COMMUNITY CONVERSATIONS, AWARENESS AND RESOURCES AROUND A WIDE RANGE OF RELATED TOPICS. IN FY18 THE UMMS HOSPITALS COORDINATED TWO SEMINARS, ONE FOCUSED ON ADDICTION AND SUBSTANCE ABUSE AND THE OTHER SPECIFIC TO DEPRESSION AND ANXIETY IN WOMEN AND CHILDREN. EACH INCLUDED PROFESSIONAL SPEAKERS, LOCAL PARTNERS, AND PANEL DISCUSSIONS TO ENCOURAGE DIALOGUE BETWEEN ADVOCATES AND COMMUNITY MEMBERS. THE EVENTS WERE FREE AND WIDELY PUBLICIZED. ATTENDEES WERE INVITED TO PARTICIPATE AT THE MAIN LOCATION DOWNTOWN OR THROUGH A LIVE STREAM HOSTED AT SATELLITE LOCATIONS INCLUDING UMSJMC. THIS SERIES WILL CONTINUE IN FY19 WITH MORE CONVERSATIONS SURROUNDING DEPRESSION AND ANXIETY (MEN, SENIORS, CHRONIC DISEASE AND SUICIDE PREVENTION) AS WELL AS A FOCUS ON EARLY CHILDHOOD EXPERIENCES AND RESILIENCE. UMSJMC IS ALSO PROUD TO SUPPORT THE EFFORTS OF POWERED BY ME!, A PROGRAM THAT ENCOURAGES POSITIVE DECISION MAKING AMONG THE YOUTH IN OUR COMMUNITY. THIS INCLUDES AN ANNUAL CONFERENCE ATTENDED BY APPROXIMATELY 500 STUDENT ATHLETES, COACHES, AND ADMINISTRATORS FROM PUBLIC AND PRIVATE SCHOOLS IN BALTIMORE COUNTY, BALTIMORE CITY, HOWARD COUNTY, HARFORD COUNTY, PRINCE GEORGES COUNTY, AND ANNE ARUNDEL COUNTY. THE FOCUS OF THE CONFERENCE IS PERFORMANCE ENHANCEMENT, SUBSTANCE ABUSE, AND SOCIAL RESPONSIBILITY. THE MESSAGE IS DELIVERED BY PROFESSIONAL ATHLETES, HEALTH EXPERTS, COUNTY REPRESENTATIVES, AND OTHER STUDENTS. THE GOAL IS TO EMPOWER THESE YOUNG ADULTS TO ACT AS ROLE MODELS AND REDUCE THE PREVALENCE OF DRUG ABUSE, EATING DISORDERS, PARTNER VIOLENCE, AND BULLYING IN OUR COMMUNITY. UMSJMC MENTORS CLINICAL STUDENTS FROM A VARIETY OF HEALTH FIELDS AND SCHOOLS. OUR EMPLOYEES RECOGNIZE THE IMPORTANCE OF PROVIDING HANDS ON EXPERIENCES FOR THESE STUDENTS, AND THE MEDICAL CENTER APPRECIATES THAT THESE LABOR HOURS FOSTER MORE QUALIFIED GRADUATES JOINING THE WORKFORCE. UMSJMC IS A PART OF THE CORPORATE INTERNSHIP PROGRAM THROUGH CRISTO REY JESUIT HIGH SCHOOL LOCATED IN BALTIMORE CITY. ALONG WITH OUR FINANCIAL CONTRIBUTION, WE COMMIT TO HOSTING FOUR HIGH SCHOOL STUDENTS IN VARIOUS DEPARTMENTS ACROSS UMSJMC EACH YEAR. STUDENTS ARE PLACED IN DEPARTMENTS SUCH AS EMPLOYEE HEALTH, MOTHER BABY, AND PATIENT TRANSPORT. THE STUDENTS ARE ONSITE 1-2 DAYS A WEEK THROUGHOUT THEIR SCHOOL YEAR. THEY LEARN VALUABLE SKILLS IN THE WORK SETTING AND GAIN EXPOSURE TO POTENTIAL CAREERS. MULTIPLE STRATEGIES ARE BEING USED TO INCREASE COMMUNITY AWARENESS SURROUNDING HYPERTENSION, HEART DISEASE, AND STROKE. IN FY18 TWELVE LECTURES WERE DELIVERED ACROSS BALTIMORE COUNTY IN A VARIETY OF SETTINGS INCLUDING SENIOR CENTERS, FAITH AND COMMUNITY CENTERS, BUSINESSES, AND UMSJMC. BLOOD PRESSURE SCREENING WAS ALSO OFFERED IN CONJUNCTION WITH THE MAJORITY OF THESE LECTURES. ADDITIONAL SCREENINGS WERE OFFERED THROUGHOUT THE YEAR IN DIFFERENT SETTINGS TO HELP COMMUNITY MEMBERS EVALUATE THEIR RISK OF HEART DISEASE AND STROKE INCLUDING A CAROTID ARTERY SCREENING, CHOLESTEROL SCREENINGS, AND BODY COMPOSITION ANALYSIS. EDUCATIONAL MATERIAL INCLUDING A LARGE MAGNET WITH I</p>

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Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	<p>IMAGES THAT DEPICT SIGNS OF STROKE WERE WIDELY DISTRIBUTED AT HEALTH FAIRS, FESTIVALS, AND TO PARTNER ORGANIZATIONS. WE ADOPTED THE EVIDENCE-BASED PROGRAM LIVING HEALTHY WITH HIGH BLOOD PRESSURE AND BEGAN OFFERING BOTH ONSITE AND OFFSITE. OUR STROKE CENTER COORDINATOR PROVIDED TIMELY UPDATES TO EMS TO HELP IDENTIFY AND TREAT STROKE PATIENTS SOONER. WE ALSO CONTINUED OUR MONTHLY STROKE SURVIVOR SUPPORT GROUP TO ADDRESS THE CHALLENGES THESE INDIVIDUALS AND THEIR LOVED ONES EXPERIENCE FOLLOWING A STROKE. UMSJMC ACTIVELY ENGAGES WITH SEVERAL LOCAL PARTNERS TO PROMOTE THE HEALTH OF THE COMMUNITY. WE HAVE AN ONGOING PARTNERSHIP WITH OUR LOCAL Y IN CENTRAL MARYLAND, THE OKAWA Y IN TOWSON. IN ADDITION TO A SPONSORSHIP THAT BENEFITS THE Y CAMPAIGN FOR A BETTER US (ASSISTS CHILDREN, FAMILIES AND INDIVIDUALS WHO CAN NOT OTHERWISE AFFORD Y MEMBERSHIP AND PROGRAMS), WE PLAN MONTHLY HEALTH EVENTS SUCH AS FREE LECTURES DELIVERED BY EXPERTS, HEALTH FAIRS AND SCREENINGS, AND FLU IMMUNIZATIONS. WE PROVIDE FURTHER SUPPORT AND EXPERTISE FOR THEIR INITIATIVES SUCH AS FAMILY HEALTH EVENTS, FITNESS CHALLENGES, AND AWARENESS EFFORTS. THIS PARTNERSHIP ALLOWS FOR GREATER ACCESS TO OUR SHARED COMMUNITY WHICH INCLUDES UNDERSERVED AND HIGH RISK POPULATIONS. THE COLLABORATION AND SHARED RESOURCES HAVE HELPED BOTH ORGANIZATIONS TO BETTER ASSESS HEALTH NEEDS AND GAIN TRUST WITHIN THE COMMUNITY. OUR EXISTING PROGRAMS HAVE BEEN WIDELY PROMOTED TO THEIR MEMBERSHIP AND WE HAVE BEEN ABLE TO OFFER TAILORED PROGRAMS TO MEET THE NEEDS OF THEIR MEMBERS. WE WORK COLLABORATIVELY WITH THE BALTIMORE COUNTY DEPARTMENT OF AGING (BCDA) TO DETERMINE TIMELY TOPICS AND SERVICES FOR THE SENIOR POPULATION. ON AN ANNUAL BASIS, WE TRAVEL TO THE MAJORITY OF THE SENIOR CENTERS THROUGHOUT THE COUNTY OFFERING FREE SERVICES SUCH AS BONE DENSITY SCREENING, BODY COMPOSITION ANALYSIS, AND PRESENTATIONS ON TOPICS LIKE HYPERTENSION AND STROKE. UMSJMC IS REPRESENTED IN THE BALTIMORE COUNTY HEALTH COALITION AS WELL AS THE UMMS HEALTH IMPROVEMENT COMMITTEE WHICH ALLOWS OUR TEAM TO REMAIN WELL-INFORMED AND INVOLVED IN NEW INITIATIVES IN BALTIMORE COUNTY AND SURROUNDING COMMUNITIES. TO HELP BETTER UNDERSTAND THE NEEDS OF OUR COMMUNITY, UMSJMC ALSO OPERATES A PATIENT AND FAMILY ADVISORY COUNCIL THAT HELPS GUIDE HOSPITAL DIRECTION FOR COMMUNITY SERVICES AS WELL AS RAISING OPERATIONAL AND EXPERIENCE CONCERNS.</p>

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990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
AFFILIATED HEALTH CARE SYSTEM ROLES	<p>SCHEDULE H, PART VI, LINE 6 UMSJMC IS A PRIVATE, NOT-FOR-PROFIT CORPORATION PROVIDING COMPREHENSIVE HEALTHCARE SERVICES THROUGH AN INTEGRATED REGIONAL NETWORK OF HOSPITALS AND RELATED CLINICAL ENTERPRISES UMMS WAS CREATED IN 1984 WHEN ITS FOUNDING HOSPITAL WAS PRIVATIZED BY THE STATE OF MARYLAND OVER ITS 30-YEAR HISTORY, UMMS EVOLVED INTO A MULTI-HOSPITAL SYSTEM WITH ACADEMIC, COMMUNITY AND SPECIALTY SERVICE MISSIONS REACHING PRIMARILY ACROSS MARYLAND As part of the University of Maryland Medical System (UMMS), UMSJMC understands that health care goes beyond the walls of the hospital and into the community it serves UMMS HOSPITALS ARE COMMITTED TO STRENGTHENING THEIR NEIGHBORING COMMUNITIES IN DOING SO, UMSJMC ASSESSES THE COMMUNITY'S HEALTH NEEDS, IDENTIFIES KEY PRIORITIES, AND RESPONDS WITH SERVICES, PROGRAMS AND INITIATIVES WHICH MAKE A POSITIVE, SUSTAINED IMPACT ON THE HEALTH OF THE COMMUNITY WITH REPRESENTATION FROM ALL UMMS HOSPITALS, UMSJMC'S COMMUNITY HEALTH IMPROVEMENT COUNCIL COORDINATES THE EFFECTIVE AND EFFICIENT UTILIZATION AND DEPLOYMENT OF RESOURCES FOR COMMUNITY-BASED ACTIVITIES AND EVALUATES HOW SERVICES AND ACTIVITIES MEET TARGETED COMMUNITY NEEDS WITHIN DEFINED GEOGRAPHIC AREAS UMSJMC IS COMMITTED TO HEALTH EDUCATION, ADVOCACY, COMMUNITY PARTNERSHIPS, AND ENGAGING PROGRAMS WHICH FOCUS ON HEALTH AND WELLNESS WITH THE GOAL OF ELIMINATING HEALTH CARE DISPARITIES IN THE BALTIMORE COMMUNITY BALTIMORE COMMUNITY</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	SCHEDULE H, PART VI, LINE 7 AS REQUIRED BY MARYLAND STATUTE FOR ALL HOSPITALS, UMSJMC FILES AN ANNUAL COMMUNITY BENEFIT REPORT WITH MARYLANDS HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) BY DECEMBER 15TH EACH YEAR

Schedule H (Form 990) 2017

Additional Data**Software ID:****Software Version:****EIN:** 46-2097818**Name:** UMSJ Health System LLC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	UM St Joseph Medical Center LLC 250 West Pratt Street Baltimore, MD 21201 http://www.stjosephtowson.com/home.aspx 03-079	X	X	X	X			X			1

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Section C. Supplemental Information for Part V, Section B. Provide descriptions requested in Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)	<p>SCHEDULE H, PART V, LINE 5 COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS UMSJMC SOUGHT COMMUNITY INPUT THROUGH KEY INFORMANT FOCUS GROUP DISCUSSIONS WITH COMMUNITY LEADERS AND PARTNERS AND AN ONLINE COMMUNITY MEMBER SURVEY AVAILABLE TO ALL BALTIMORE COUNTY RESIDENTS, AND INCLUSION OF COMMUNITY LEADERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, AND LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY, INCLUDING THE MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS AN ONLINE COMMUNITY SURVEY WAS CONDUCTED WITH INDIVIDUALS RESIDING IN BALTIMORE COUNTY BETWEEN JANUARY 29 AND MARCH 18, 2016 PAPER COPIES OF THE SURVEY WERE ALSO DISTRIBUTED AT VARIOUS HEALTH AND COMMUNITY CENTERS TO REACH A WIDER DEMOGRAPHIC THE SURVEY WAS DESIGNED TO ASSESS THEIR HEALTH STATUS, HEALTH RISK BEHAVIORS, PREVENTIVE HEALTH PRACTICES AND NEEDS, HEALTH CARE ACCESS PRIMARILY RELATED TO CHRONIC DISEASES, AND COMMUNITY ASSETS AND OPPORTUNITIES THE SURVEY TOOK APPROXIMATELY 10 TO 15 MINUTES TO COMPLETE A TOTAL OF 924 RESIDENT SURVEYS WERE COMPLETED THROUGHOUT BALTIMORE COUNTY TO PROMOTE GEOGRAPHICAL AND ETHNIC DIVERSITY AMONG RESPONDENTS TWO KEY INFORMANT FOCUS GROUPS WERE CONDUCTED AT UMSJMC ON FEBRUARY 10 AND FEBRUARY 17, 2016 THERE WERE 12 PARTICIPANTS IN THE FIRST SESSION AND 11 PARTICIPANTS ATTENDED THE SECOND SESSION THE PURPOSE OF THE FOCUS GROUPS WAS TO GATHER EXPERT-LEVEL QUALITATIVE FEEDBACK FROM A VARIETY OF HEALTH AND SOCIAL SERVICE PROVIDERS, WITH AN ACTIVE ROLE AND A BROAD UNDERSTANDING OF THE HEALTH CARE SYSTEM AND HEALTH NEEDS OF BALTIMORE COUNTY RESIDENTS KEY INFORMANT FOCUS GROUP PARTICIPANTS GEORGE LAROCCO, MD, INTERNAL MEDICINE, HEALTH PART AT HEREFORD LIN ROMANO, COO, GEDCO BARBARA K ANDERSON, EXECUTIVE DIRECTOR, PRO BONO COUNSELING KEITH JAC OBS, DIRECTOR OF BUSINESS OPERATIONS, MAXIM HEALTHCARE SERVICES CHRISTINE WOODS, PROGRAM DIRECTOR - WELLNESS, TOWSON UNIVERSITY WILLIAM S QUEALE, MD, INTERNIST, MAXIM HEALTHCARE SERVICES RUTH HELTNE, VP, HEALTHY LIVING, Y IN CENTRAL MARYLAND KARA BARLOW, RN, WOMEN'S HEALTH ASSOCIATES JULIA JOHNSON, PRACTICE MANAGER, WOMEN'S HEALTH ASSOCIATES DELLA J LEISTER, RN, DEPUTY HEALTH OFFICER, BALTIMORE COUNTY DEPARTMENT OF HEALTH MARY JO HUBER, RN, UMSJMC WAYNE BRANNOCK, COO, LORIEN HEALTH SYSTEMS MONICA FULTON, RN, DIRECTOR OF ONCOLOGY OPERATIONS, UMSJMC ANGELICA SFAKIANOUDIS, INTERN, BALTIMORE COUNTY DEPARTMENT OF AGING DONNA BILZ, PROGRAM COORDINATOR, BALTIMORE COUNTY DEPARTMENT OF AGING TED GROSS, MA, DIRECTOR OF SENIOR SERVICES, GEDCO KATHY MULFORD, MS, DIRECTOR OF BONE HEALTH CENTER, TOWSON ORTHOPAEDIC ASSOCIATES CAPTAIN STEVE ADELSBERGER, EMS SHIFT COMMANDER, BALTIMORE COUNTY FIRE DEPARTMENT NICOLETTE MORRIS, MD, PEDIATRICS, UMSJMC KIRSTEN MCCracken, RN, MSN, CNRN, SCRNP, STRIKE CENTER COORDINATOR, UMSJMC</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)	MATT GOLDSTEIN, DIRECTOR HEALTH SERVICES, TOWSON UNIVERSITY JULIE VAUGHEN, MD, OWINGS MILLS INTERNAL MEDICINE THE PRIORITIZATION SESSION WAS HOSTED THE MORNING OF FRIDAY, MAY 13, AT UMSJMC AND INCLUDED JACKIE SIMS, COMMUNITY MEMBER, PATIENT ADVISORY COUNCIL ROBERT BRE SCHI, COMMUNITY MEMBER, PATIENT ADVISORY COUNCIL DONNA BILZ, BALTIMORE COUNTY DEPARTMENT OF AGING IRENA KOYFMAN, CRNP, AND ITA CREMEN, MAXIM LAURA CULBERTSON, RN, BALTIMORE COUNTY DEPARTMENT OF AGING ALICE CHAN, POPULATION HEALTH MANAGER, UMSJMC MICHAEL WAINWRIGHT, MS, ACSM, CEP, SUPERVISOR CARDIOVASCULAR FITNESS, UMSJMC KELLIE EDRIS, MARKETING, COMMUNICATIONS AND COMMUNITY HEALTH, UMSJMC MARY JO ADAMS, RN, NURSE COORDINATOR, COMMUNITY HEALTH, UMSJMC KRISTEN ARTES, MS, CHES, COMMUNITY HEALTH SPECIALIST, UMSJMC DONNA COSTA, MA, MHS, ONCOLOGY OUTREACH MANAGER, UMSJMC MARY JO HUBER, RN, NURSE MANAGER AT ST. CLARE MEDICAL OUTREACH, UMSJMC CLARE MEDICAL OUTREACH, UMSJMC

Section C. Supplemental Information for Part IV, Section B. Provide descriptions requested in Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADDRESSING SIGNIFICANT NEEDS FROM THE CHNA	<p>SCHEDULE H, PART V, LINE 11 IN RESPONSE TO ACCESS TO CARE, THE FOLLOWING ACTIONS ARE BEING TAKEN -INCREASE THE NUMBER OF FREE FLU VACCINATIONS PROVIDED TO THE COMMUNITY -INCREASE HEALTHCARE ACCESS AMONG UNDOCUMENTED POPULATION BY ACCEPTING NEW PATIENTS AT ST CLARE MEDICAL OUTREACH (PROVIDES PRIMARY CARE FOR THE UNINSURED) -EXTEND PCP OFFICE HOURS INTO EVENINGS AND WEEKENDS TO ACCOMMODATE VARIETY OF PATIENTS -ENHANCE PARTNERSHIP WITH CHOICEON E URGENT CARE CENTER BY OPENING ADDITIONAL SITES -OPEN A POST DISCHARGE CENTER WITH 3 DISCIPLINES, PHYSICIAN PROVIDER, PHARMACIST AND CASE MANAGER TO FOLLOW UP ON HIGH RISK PATIENTS DISCHARGED FROM UMSJMC AND TRANSITION THEM BACK INTO THE COMMUNITY -OPEN A BEHAVIORAL HEALTH CENTER AS PART OF THE POST DISCHARGE CENTER THAT CAN HELP AT RISK PATIENTS TRANSITION BACK INTO THE COMMUNITY (ENCOURAGES COUNSELING, MEDICATION ADHERENCE) -FURTHER ENHANCE PARTNERSHIP WITH MAXIM TRANSITION ASSIST TO HELP HIGH RISK PATIENTS TRANSITION BACK INTO THE COMMUNITY ENSURING PROPER FOLLOW UP AND PSYCHOSOCIAL NEEDS ARE MET COMMUNITY HEALTH WORKERS (CHW) WILL PROVIDE NON-CLINICAL IN-HOME SERVICES TO HIGH RISK UMSJMC DISCHARGED PATIENTS -PROVIDE TELEPHONE POST DISCHARGE FOLLOW UP TO HIGH RISK MEDICAL AND BEHAVIORAL HEALTH PATIENTS AND MAKE ARRANGEMENTS TO ASSIST OR AUGMENT DISCHARGE PLANS -EDUCATE EMPLOYEES ABOUT HEALTH LITERACY -USE A 5TH GRADE READING LEVEL IN HEALTH LITERATURE AND FORMS IN RESPONSE TO MENTAL HEALTH AND SUBSTANCE ABUSE, THE FOLLOWING ACTIONS ARE BEING TAKEN -INCREASE THE NUMBER OF INDIVIDUALS WHO ARE SCREENED AND REFERRED FOR DEPRESSION -PROVIDE CULTURALLY APPROPRIATE ACCESS TO MENTAL HEALTH -DEVELOP AND DELIVER A PRESENTATION ON SUBSTANCE ABUSE AND SLEEP -PROVIDE EDUCATION & INFORMATION ON SMOKING CESSATION -PROVIDE INFORMATION AND EDUCATIONAL MATERIAL ON THE DANGERS OF TOBACCO USE AND SUBSTANCE ABUSE AT THE ANNUAL POWERED BY MEI CONFERENCE -PROVIDE EDUCATIONAL MATERIAL ON SIGNS/SYMPTOMS OF MENTAL HEALTH ISSUES AND APPROPRIATE TREATMENT OPTIONS AT THE ANNUAL POWERED BY MEI CONFERENCE -PROVIDE EDUCATIONAL MATERIAL ON NEGATIVE EFFECTS OF PERFORMANCE ENHANCING DRUGS (PED) USE AND APPROPRIATE TREATMENT OPTIONS FOR PED USE AND /OR ABUSE IN RESPONSE TO CHRONIC DISEASE (CARDIOVASCULAR DISEASE/OBESITY), THE FOLLOWING ACTIONS ARE BEING TAKEN -PROVIDE EDUCATION & INFORMATION ON THE IMPORTANCE ON HEALTHY EATING, HEART HEALTHY SHOPPING, NUTRITIONAL IMPORTANCE FOR WEIGHT LOSS, HYPERTENSION -ESTABLISH INDIVIDUALIZED A1C GOALS AND BLOOD GLUCOSE GOALS FOR EACH ST CLARE PATIENT MONITOR AND PROVIDE EDUCATION AND SUPPORT AS NEEDED -INCREASE AWARENESS ON THE IMPORTANCE OF BLOOD PRESSURE MANAGEMENT AND THE SIGNS AND SYMPTOMS OF STROKE -CONTINUE FREE STROKE SCREENINGS -CONTINUE FREE BLOOD PRESSURE SCREENINGS -CONTINUE FREE CHOLESTEROL SCREENINGS -OFFER CHRONIC DISEASE SELF-MANAGEMENT PROGRAM TWICE A YEAR -CONTINUE AND EXPAND EVIDENCE-BASED DIABETES EDUCATION OPPORTUNITIES -CONTINUE FREE BODY COMPOSITION ANALYSIS</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ADDRESSING SIGNIFICANT NEEDS FROM THE CHNA	<p>LYSIS WITH EDUCATION COUNSELING -PROMOTE HEALTHY WEIGHT LOSS AND MANAGEMENT -OFFER FREE WEEKLY YOGA CLASSES -IMPLEMENT "BEMORE FIT N FUN" PROGRAM TO EDUCATE YOUTH ON THE IMPORTANCE OF A BALANCED DIET AND EXERCISE IN RESPONSE TO CANCER, THE FOLLOWING ACTIONS ARE BEING TAKEN -EDUCATE PRIMARY CARE PHYSICIANS ABOUT CANCER SCREENING GUIDELINES -IMPROVE EARLY CANCER DETECTION IN COMMUNITY WITH A FOCUS ON DISPARITIES -IMPLEMENT COLORECTAL CANCER SCREENING PROGRAM FOR EMPLOYEES -CONTINUE FREE BREAST CANCER SCREENINGS -CONTINUE FREE CERVICAL CANCER SCREENINGS -CONTINUE FREE PROSTATE CANCER SCREENINGS IN RESPONSE TO FALL PREVENTION, THE FOLLOWING ACTIONS ARE BEING TAKEN -OFFER STEPPING ON FALL PREVENTION PROGRAM TWICE A YEAR -CONTINUE FREE BONE DENSITY SCREENINGS WITH EDUCATIONAL COUNSELING -DISTRIBUTE EDUCATIONAL MATERIAL ON WAYS TO REDUCE FALL RISK FOR THE FULL IMPLEMENTATION STRATEGY, PLEASE VISIT HTTPS //WWW UMMS ORG/SJMC/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-A ND- IMPLEMENTATION-PLAN A PRIORITY THAT UMSJMC HAS NOT PURSUED IS DENTAL HEALTH SINCE WE DO NOT HAVE DENTAL RESOURCES AT UMSJMC INDIVIDUALS IN NEED ARE REFERRED TO OTHER LOCAL DENTAL CLINICS (BALTIMORE COUNTY DEPARTMENT OF HEALTH, BALTIMORE CITY COMMUNITY COLLEGE AND UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY) AT THIS TIME, WE HAVE NOT DEVELOPED A COMPREHENSIVE RESPONSE TO THE PRIORITY OF OBESITY IN CHILDREN AND ADOLESCENTS BECAUSE WE HAVE A VERY SMALL PEDIATRIC SERVICE AT UMSJMC AND NO ON-GOING RELATIONSHIPS WITH PEDIATRICIANS IN THE AREA WHICH IS THE APPROPRIATE ENTRY FOR ADDRESSING THIS PRIORITY</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE	SCHEDULE H, PART V, LINE 13B THE FINANCIAL ASSISTANCE POLICY EXPLAINS SEVERAL ELIGIBILITY CRITERIA, INCLUDING PARTICIPATION IN MEDICAID/MEDICARE PROGRAMS AS WELL AS ELIGIBILITY UNDER VARIOUS STATE REGULATIONS. IN ADDITION TO FPG, THE INCOME LEVELS DEFINED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (MD DHMH) ARE USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. THE MD DHMH INCOME LEVELS ARE MORE GENEROUS THAN THE FPG INCOME LEVELS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HOSPITAL EFFORTS BEFORE INITIATING ACTION	SCHEDULE H, PART V, LINE 20C IN THE CASE OF AN INCOMPLETE FAP APPLICATION, PATIENTS ARE NOT AUTOMATICALLY DENIED A LETTER IS MAILED TO THE PATIENT REQUESTING THE MISSING DOCUMENTATION, AND FAP APPLICATIONS ARE APPROVED ONCE THE MISSING DOCUMENTATION IS PROVIDED

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UMSJ Health System LLC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
46-2097818

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4

3 Enter total number of other organizations listed in the line 1 table

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
GRANTMAKING	SCHEDULE I, PART I, LINE 2 UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) IS THE SOLE MEMBER OF UMSJHS UMMS PROVIDED GRANTS TO UMSJHS IN FY18 THE MEMBER AND FILING ORGANIZATION HAVE COMMON EXEMPT PURPOSES IN MIND WHEN UTILIZING GRANT FUNDS

Additional Data

Software ID:
Software Version:
EIN: 46-2097818
Name: UMSJ Health System LLC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY CORPORATE INTERNSHIP PROGRAM 420 S Chester St Baltimore, MD 21231	20-5300491	501(c)(3)	28,000	0			General Assistance
Baltimore Basilica 320 Cathedral Street Baltimore, MD 21201	52-0591535	501(c)(3)	10,000	0			General Assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMMS Foundation 110 South Paca Street Baltimore, MD 21201	52-2238893	501(c)(3)	8,500				Shock Trauma Gala
UM SJMC Foundation 7601 Osler Drive Baltimore, MD 21204	52-1681044	501(c)(3)	110,000	0			General Assistance

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134105219

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**▶ **Attach to Form 990.**▶ **Information about Schedule J (Form 990) and its instructions is at**
www.irs.gov/form990.**2017****Open to Public
Inspection**Name of the organization
UMSJ Health System LLC

Employer identification number

46-2097818

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

[illegible]

Schedule J (Form 990) 2017

Page **3****Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B DURING THE FISCAL YEAR-ENDED JUNE 30, 2018, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UMMS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE NOT VESTED IN THE PLAN THEREFORE THE ACCRUED CONTRIBUTION TO THE PLAN FOR THE FISCAL YEAR IS REPORTED ON SCHEDULE J, PART II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION. THOMAS B SMYTH EVEREST S CONOVER DURING THE FISCAL YEAR-ENDED JUNE 30, 2018, CERTAIN OFFICERS AND KEY EMPLOYEES PARTICIPATED IN THE UMMS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE VESTED IN THE PLAN IN A PRIOR YEAR, THEREFORE THE CONTRIBUTIONS TO THE PLAN FOR THE FISCAL YEAR ARE REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B (III), OTHER REPORTABLE COMPENSATION. JOHN W ASHWORTH WALTER J FURLONG CRAIG J CARMICHAEL GAIL P CUNNINGHAM PAMELA A JAMIESON PAUL S NICHOLSON ROBERT A CHRENCIK DURING THE FISCAL YEAR-ENDED JUNE 30, 2018, CERTAIN OFFICERS PARTICIPATED IN THE UMMS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE INDIVIDUALS LISTED BELOW HAVE VESTED IN THE PLAN IN THE REPORTING TAX YEAR, THEREFORE THE FULL VALUE OF THE PLAN, INCLUDING ANY CONTRIBUTIONS TO THE PLAN FOR THE CURRENT FISCAL YEAR IS REPORTED AS TAXABLE COMPENSATION AND REPORTED ON SCHEDULE J, PART II, LINE B(III), OTHER REPORTABLE COMPENSATION. PRIOR YEAR CONTRIBUTIONS TO THE PLAN WERE PREVIOUSLY REPORTED ON FORM 990 AND ARE INDICATED ON SCHEDULE J, PART II, COLUMN (F) MOHANAKUMAR SUNTHARALINGAM \$867,174
NON FIXED PAYMENTS	SCHEDULE J, PART I, LINE 7 BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF THE OFFICERS AND KEY EMPLOYEES.

Schedule J (Form 990) 2017

HUM_0000591

Additional Data

Software ID:

Software Version:

EIN: 46-2097818

Name: UMSJ Health System LLC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1John W Ashworth III Director	(i)	0	0	0	0	0	0	0
	(ii)	597,242	128,170	97,267	10,800	25,714	859,193	0
1Robert A Chrencik Director	(i)	0	0	0	0	0	0	0
	(ii)	1,318,061	995,265	276,702	10,800	14,219	2,615,047	0
2Thomas B Smyth President & CEO	(i)	543,230	191,730	5,418	104,500	13,540	858,418	0
	(ii)	0	0	0	0	0	0	0
3Paul S Nicholson SVP, CFO & Treasurer	(i)	300,274	107,100	53,811	10,800	14,694	486,679	0
	(ii)	0	0	0	0	0	0	0
4Craig J Carmichael VP, Operations/Secretary	(i)	283,825	81,396	65,370	10,800	13,725	455,116	0
	(ii)	0	0	0	0	0	0	0
5Gail P Cunningham VP, Medical Affairs & CMO	(i)	366,775	129,998	46,632	10,800	8,834	563,039	0
	(ii)	0	0	0	0	0	0	0
6Walter J Furlong VP, Strategy & Business Dev	(i)	237,517	60,807	28,550	9,729	10,456	347,059	0
	(ii)	0	0	0	0	0	0	0
7Pamela A Jamieson VP & CNO	(i)	258,432	52,248	34,639	10,450	5,618	361,387	0
	(ii)	0	0	0	0	0	0	0
8Everest S Conover SVP, Clinical Integration	(i)	382,035	114,611	1,973	61,126	0	559,745	0
	(ii)	0	0	0	0	0	0	0
9Mohanakumar Suntharalingam Former President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,131,897	557,620	871,176	10,800	12,208	2,583,701	673,771
10Paul McAfee physician	(i)	1,322,099	12,880	7,524	11,000	7,178	1,360,681	0
	(ii)	0	0	0	0	0	0	0
11David Dalury Physician	(i)	1,200,091	12,880	7,524	11,000	5,272	1,236,767	0
	(ii)	0	0	0	0	0	0	0
12Bruce Wolock Physician	(i)	1,184,245	12,880	7,524	11,000	6,308	1,221,957	0
	(ii)	0	0	0	0	0	0	0
13Brian Mulliken Physician	(i)	954,068	99,814	4,681	11,000	10,045	1,079,608	0
	(ii)	0	0	0	0	0	0	0
14Michael Dabbah Physician	(i)	985,903	0	1,068	12,800	10,298	1,010,069	0
	(ii)	0	0	0	0	0	0	0

Schedule L (Form 990 or 990-EZ) 2017

Page **2****Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Kelly Associates Insurance Group	See Part V	257,507	See Part V		No
(2) Matthew Irby	See Part V	136,769	See part V		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV, LINE 1 Francis X. Kelly and David Kelly are directors of the filing organization. Francis X. Kelly and David Kelly are owners of Kelly & Associates Insurance Group. The filing organization pays Kelly & Associates Insurance Group commissions and administrative fees, at or below fair market value, related to employee benefits. Schedule L, PART IV, Line 2 Matthew Irby is a family member of John W. Ashworth, III, Director of the filing Organization. Matthew Irby is paid reasonable compensation as an employee of the filing organization.

Schedule L (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493134105219
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold;">2017</div> <div style="background-color: black; color: white; padding: 2px; font-weight: bold;">Open to Public Inspection</div>
Department of the Treasury Internal Revenue Service Name of the organization UMSJ Health System LLC		Employer identification number 46-2097818	

990 Schedule O, Supplemental Information

Return Reference	Explanation
BUSINESS RELATIONSHIPS	FORM 990, PART VI, LINE 2 Francis X Kelly and David E Kelly have a family relationship They also have a business relationship, as both are executives at Kelly & Associates Insurance Group

990 Schedule O, Supplemental Information

Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 6, LINE 7A AND LINE 7B UMMS IS THE SOLE MEMBER OF UMSJH S UMMS MAY ELECT ONE OR MORE BOARD MEMBERS OF THE GOVERNING BODY AND ALL DECISIONS OF THE GOVERNING BODY MUST BE APPROVED BY UMMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11B UMMS ENGAGES THE ACCOUNTING FIRM GRANT THORNTON TO PREPARE AND REVIEW THE IRS FORM 990 FOR UMMS AND ITS AFFILIATES. INFORMATION NEEDED TO COMPLETE THE RETURN IS GATHERED BY ACCOUNTING PERSONNEL IN THE FINANCE SHARED SERVICES DEPARTMENT UNDER THE SUPERVISION OF THE UMMS TAX DIRECTOR AND PROVIDED TO GRANT THORNTON. ONCE A DRAFT RETURN IS PREPARED, IT UNDERGOES MULTIPLE LEVELS OF REVIEW BOTH INTERNALLY BY UMMS TAX & FINANCE PERSONNEL, AND EXTERNALLY BY GRANT THORNTON, INCLUDING AT THE PARTNER LEVEL. FOLLOWING ANY NECESSARY CHANGES TO THE RETURN, A FINAL DRAFT IS REVIEWED BY EACH AFFILIATE'S VICE PRESIDENT OF FINANCE AND/OR CFO. PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN, TREASURER, AUDIT COMMITTEE CHAIRMAN, EXECUTIVE COMMITTEE CHAIRMAN OR OTHER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. ALL BOARD MEMBERS ARE PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT	<p>FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION'S OFFICERS, DIRECTORS AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO OFFICERS, DIRECTORS AND KEY EMPLOYEES THE GENERAL COUNSEL OF UMMS REVIEWS THE RESPONSES FOR UMMS AND CERTAIN OTHER AFFILIATES THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UMMS SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED WITH RESPECT TO THE OTHER ENTITIES IN THE UMMS SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT IF SO, THE GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE NATURE OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, AN OFFICER OF THE ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE SUCH INDIVIDUAL HAVING A POTENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF THE ORGANIZATION, OR ANY ORGANIZATION CONTROLLED OR SUBSTANTIALLY OWNED, IN ANY TRANSACTION IN WHICH A CONFLICT EXISTS ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT IN ADDITION, A BOARD DISCLOSURE REPORT IS FILED WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION ON AN ANNUAL BASIS SHOWING ANY BUSINESS TRANSACTIONS BETWEEN THE BOARD MEMBERS AND THE ORGANIZATION</p>

HUM_0000598

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, SECTION B, LINES 15A AND 15B THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP

990 Schedule O, Supplemental Information

Return Reference	Explanation
HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC	FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE PUBLICLY AVAILABLE THROUGH THE STATE OF MARYLAND VIA THE SECRETARY OF STATE'S OFFICE THE CONFLICT OF INTEREST POLICY IS GENERALLY AVAILABLE ON THE ORGANIZATION'S OR AFFILIATE'S WEBSITE FINANCIAL STATEMENTS ARE MADE PUBLICLY AVAILABLE ON A QUARTERLY BASIS THROUGH FILINGS ON THE ELECTRONIC MUNICIPAL MARKET ACCESS ("EMMA") SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
TAX EXEMPT BOND ISSUE	PART IV, LINE 24A PURSUANT TO A MASTER LOAN AGREEMENT DATED DECEMBER 1, 2017 (THE "MASTER LOAN AGREEMENT"), AS AMENDED, UMMS AND SEVERAL OF ITS SUBSIDIARIES HAVE ISSUED DEBT THROUGH THE MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY (THE "AUTHORITY") AS SECURITY FOR THE PERFORMANCE OF THE BOND OBLIGATION UNDER THE MASTER LOAN AGREEMENT, THE AUTHORITY MAINTAINS A SECURITY INTEREST IN THE REVENUE OF THE OBLIGORS. THE MASTER LOAN AGREEMENT CONTAINS CERTAIN RESTRICTIVE COVENANTS. THESE COVENANTS REQUIRE THAT RATES AND CHARGES BE SET AT CERTAIN LEVELS, LIMIT INCURRENCE OF ADDITIONAL DEBT, REQUIRE COMPLIANCE WITH CERTAIN OPERATING RATIOS AND RESTRICT THE DISPOSITION OF ASSETS. THE OBLIGATED GROUP UNDER THE MASTER LOAN AGREEMENT INCLUDES UMMS, ROI, UM MIDTOWN, UM BALTIMORE WASHINGTON, SHORE HEALTH (UM MEMORIAL AND UM DORCHESTER), UM CHESTER RIVER, UM CHARLES REGIONAL, UM ST. JOSEPH, UM UPPER CHESAPEAKE, UM HARFORD MEMORIAL, UM LAUREL, UM PRICE GEORGES, BOWIE HEALTH CENTER (BOWIE), AND THE UMMS FOUNDATION. EACH MEMBER OF THE OBLIGATED GROUP IS JOINTLY AND SEVERALLY LIABLE FOR THE REPAYMENT OF THE OBLIGATIONS UNDER THE MASTER LOAN AGREEMENT OF THE CORPORATION'S \$1,745,628,000 OF OUTSTANDING AUTHORITY BONDS ON JUNE 30, 2018. ALL OF THE BONDS WERE ISSUED IN THE NAME OF UMMS AND ARE REPORTED ON SCHEDULE K OF ITS FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
HOURS ON RELATED ENTITIES	PART VII, SECTION A, COL (B) UMMS IS A MULTI-ENTITY HEALTH CARE SYSTEM THAT INCLUDES 13 ACUTE CARE HOSPITALS, 1 ACUTE CARE HOSPITAL OWNED IN A JOINT VENTURE ARRANGEMENT AND VARIOUS SUPPORTING ENTITIES. A NUMBER OF INDIVIDUALS PROVIDE SERVICES TO VARIOUS ENTITIES WITHIN THE SYSTEM. IN GENERAL, THE OFFICERS AND KEY EMPLOYEES OF UMMS AVERAGE IN EXCESS OF 40 HOURS PER WEEK SERVING THE DIFFERENT ENTITIES THAT COMPRISE UMMS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 ENERGY REBATE CHECK \$ 350,875 EQUITY TRANSFER - UMMC \$ 50,712 IN FORMATION SYSTEMS - CAPITAL PROJECT \$ 21,785 STRATEGIC PRIORITY FUNDING \$(3,872,555) SWAP \$ (872,143) ROUNDING \$ (260) ----- TOTAL \$(4,321,586) =====

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SHARED SERVICES TOTAL FEES 40710979

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED SERVICES TOTAL FEES 28510711

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN CONTACT FEES TOTAL FEES 7349569

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING TOTAL FEES 3759177

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMP LABOR TOTAL FEES 2799511

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UMSJ Health System LLC

Employer identification number
46-2097818

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Arundel Physicians Associates LLC 301 Hospital Drive Glen Burnie, MD 20161 52-2000762	Healthcare	MD	APA Inc									
(2) Baltimore Washington Imaging LLC 301 Hospital Drive Glen Burnie, MD 20161 20-0806027	Healthcare	MD	UMBWMS									
(3) Universitycare LLC 22 South Greene Street Baltimore, MD 21201 52-1914892	Healthcare	MD	UMMSC									
(4) O'Dea Medical Arts Limited Partnership 7601 Osler Drive Towson, MD 21204 52-1682964	Rental	MD	SJMC Prop		521,769	-1,818,713						82 000 %
(5) Advanced Imaging at St Joseph Medical C 7601 Osler Drive Towson, MD 21204 52-1958002	Healthcare	MD	UMSJMC									51 000 %
(6) University of Maryland Charles Regional PO Box 1070 LaPlata, MD 20646 30-0956382	Healthcare	MD	UMCRCP									
(7) Baltimore ASC Ventures LLC 7620 York Road Towson, MD 21204 82-4133899	Healthcare	DE	UMSJMC									51 000 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIV OF MD ST JOSEPH FOUNDATION	B	110,000	FMV
(2) UNIV OF MD ST JOSEPH FOUNDATION	C	234,545	FMV

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

Software ID:
Software Version:
EIN: 46-2097818
Name: UMSJ Health System LLC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
SJMC Physicians LLC 7601 Osler Drive Towson, MD 21204 36-4734065	Healthcare	MD			UMSJHS
Univ of MD Med Reg Supplier Services 7601 Osler Drive Towson, MD 21204 45-5565991	Healthcare	MD	4,205,000	1,146,000	UMSJHS
Univ of MD Med Reg Prof Services 7601 Osler Drive Towson, MD 21204 45-5559036	Healthcare	MD	4,276,000	2,693,000	UMSJHS
UMSJ Properties LLC 7601 Osler Drive Towson, MD 21204 30-0755741	Rental	MD	1,419,000	6,380,000	UMSJHS
Univ of MD St Joseph Medical Center LLC 7601 Osler Drive Towson, MD 21204 35-2445106	Healthcare	MD	364,411,000	297,761,000	UMSJHS
Univ of MD St Joseph Medical Group LLC 7601 Osler Drive Towson, MD 21204 37-1704041	Healthcare	MD	47,160,000	4,623,000	SJMC Phys
Univ of MD St Joseph Orthopaedics LLC 7601 Osler Drive Towson, MD 21204 32-0391006	Healthcare	MD	22,860,000	1,799,000	SJMC Phys

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Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt code section	(e) Federal tax status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
301 Hospital Drive Glen Burnie, MD 21061 52-1756326	Healthcare	MD	501(c)(3)	12A	BWHS		No
301 Hospital Drive Glen Burnie, MD 21061 52-1830243	Healthcare	MD	501(c)(3)	12A	UMBWMS		No
301 Hospital Drive Glen Burnie, MD 21061 52-0689917	Healthcare	MD	501(c)(3)	3	UMBWMS		No
301 Hospital Drive Glen Burnie, MD 21061 52-1830242	Healthcare	MD	501(c)(3)	12A	UMMSC		No
301 Hospital Drive Glen Burnie, MD 21061 52-1318404	Real Estate	MD	501(c)(2)		NCC		No
301 Hospital Drive Glen Burnie, MD 21061 52-1591355	Real Estate	MD	501(c)(2)		UMBWMS		No
100 Brown Street Chestertown, MD 21620 52-1338861	Fundraising	MD	501(c)(3)	8	UMSRH		No
100 Brown Street Chestertown, MD 21620 52-2046500	Healthcare	MD	501(c)(3)	12A	UMMSC		No
100 Brown Street Chestertown, MD 21620 52-0679694	Healthcare	MD	501(c)(3)	3	UMSRH		No
200 Morgnec Road Chestertown, MD 21620 52-6070333	Healthcare	MD	501(c)(3)	10	UMSRH		No
827 Linden Avenue Baltimore, MD 21201 52-1566211	Healthcare	MD	501(c)(3)	12B	UMMTH		No
827 Linden Avenue Baltimore, MD 21201 52-1175337	Healthcare	MD	501(c)(3)	12B	UMMSC		No
827 Linden Avenue Baltimore, MD 21201 52-0591667	Healthcare	MD	501(c)(3)	3	UMMTH		No
219 South Washington Street Easton, MD 21601 52-1510269	Healthcare	MD	501(c)(3)	10	SHS		No
219 South Washington Street Easton, MD 21601 52-1282080	Fundraising	MD	501(c)(3)	12A	SHS		No
219 South Washington Street Easton, MD 21601 52-0610538	Healthcare	MD	501(c)(3)	3	UMSRH		No
22 South Greene Street Baltimore, MD 21201 52-1874111	Healthcare	MD	501(c)(3)	3	UMMSC		No
2200 Kernan Drive Baltimore, MD 21207 52-0591639	Healthcare	MD	501(c)(3)	3	UMMSC		No
22 South Greene Street Baltimore, MD 21201 52-2238893	Fundraising	MD	501(c)(3)	12A	UMMSC		No
22 South Greene Street Baltimore, MD 21201 52-1362793	Healthcare	MD	501(c)(3)	3	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO Box 1070 La Plata, MD 20646 52-2155576	Healthcare	MD	501(c)(3)	12C	UMMSC		No
PO Box 1070 La Plata, MD 20646 52-0445374	Healthcare	MD	501(c)(3)	3	UMCRH		No
PO Box 1070 La Plata, MD 20646 52-1414564	Fundraising	MD	501(c)(3)	12A	UMCRH		No
PO Box 1070 La Plata, MD 20646 52-1131193	Fundraising	MD	501(c)(3)	12A	UMCRH		No
7601 Osler Drive Towson, MD 21204 52-1681044	Fundraising	MD	501(c)(3)	12A	UMSJHS	Yes	
520 Upper Chesapeake Dr Bel Air, MD 21014 52-0591484	Healthcare	MD	501(c)(3)	3	UMUCHS		No
520 Upper Chesapeake Dr Bel Air, MD 21014 52-1398513	Healthcare	MD	501(c)(3)	12C, III-FI	UMMSC		No
520 Upper Chesapeake Dr Bel Air, MD 21014 52-1398507	Fundraising	MD	501(c)(3)	12A	UMUCHS		No
520 Upper Chesapeake Dr Bel Air, MD 21014 52-1253920	Healthcare	MD	501(c)(3)	3	UMUCHS		No
520 Upper Chesapeake Dr Bel Air, MD 21014 52-1501734	Healthcare	MD	501(c)(3)	10	UMUCHS		No
520 Upper Chesapeake Dr Bel Air, MD 21014 52-1907237	Real Estate	MD	501(c)(2)		UMUCHS		No
520 Upper Chesapeake Dr Bel Air, MD 21014 26-0737028	Hospice	MD	501(c)(3)	7	UMUCHS		No
520 Upper Chesapeake Dr Bel Air, MD 21014 52-1229742	Home Care	MD	501(c)(3)	10	UMUCHS		No
3001 Hospital Drive Cheverly, MD 20785 52-1289729	Healthcare	MD	501(c)(3)	3	UMMSC		No
3001 Hospital Drive Cheverly, MD 20785 52-1902711	Healthcare	MD	501(c)(3)	12A	UMCAPRH		No
250 W Pratt St Ste 2400 Baltimore, MD 21201 82-3596114	Healthcare	MD	501(c)(3)	12C	UMMSC		No

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Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Arundel Physicians Associates LLC 301 Hospital Drive Glen Burnie, MD 20161 52-2000762	Healthcare	MD	APA Inc									
Baltimore Washington Imaging LLC 301 Hospital Drive Glen Burnie, MD 20161 20-0806027	Healthcare	MD	UMBWMS									
Universitycare LLC 22 South Greene Street Baltimore, MD 21201 52-1914892	Healthcare	MD	UMMSC									
O'Dea Medical Arts Limited Partnership 7601 Osler Drive Towson, MD 21204 52-1682964	Rental	MD	SJMC Prop		521,769	-1,818,713						82 000 %
Advanced Imaging at St Joseph Medical C 7601 Osler Drive Towson, MD 21204 52-1958002	Healthcare	MD	UMSJMC									51 000 %
University of Maryland Charles Regional PO Box 1070 LaPlata, MD 20646 30-0956382	Healthcare	MD	UMCRCP									
Baltimore ASC Ventures LLC 7620 York Road Towson, MD 21204 82-4133899	Healthcare	DE	UMSJMC									51 000 %

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Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Directly controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Arundel Physicians Associates Inc 301 Hospital Drive Glen Burnie, MD 21061 52-1992649	Healthcare	MD	BWHE	C Corp					No
Baltimore Washington Health Enterprises 301 Hospital Drive Glen Burnie, MD 21061 52-1936656	Healthcare	MD	UMBWMS	C Corp					No
BW Professional Services Inc 301 Hospital Drive Glen Burnie, MD 21061 52-1655640	Healthcare	MD	BWHE	C Corp					No
NA Executive Building Condo Assn Inc 301 Hospital Drive Glen Burnie, MD 21061	Real Estate	MD	NADCO	C Corp					No
UM Charles Regional Care Partners PO Box 1070 La Plata, MD 20646 52-2176314	Healthcare	MD	UMCRH	C Corp					No
University Midtown Prof Center A Condo 827 Linden Avenue Baltimore, MD 21201 52-1891126	Real Estate	MD	UMMH	C Corp					No
University of Maryland Health Advantage 22 South Greene Street Baltimore, MD 21201 46-1411902	Insurance	MD	UMMSHP	C Corp					No
University of Maryland Health Partners 22 South Greene Street Baltimore, MD 21201 45-2815803	Insurance	MD	UMMSHP	C Corp					No
University of Maryland Medical System He 22 South Greene Street Baltimore, MD 21201 45-2815722	Insurance	MD	UM Hlth Vent	C Corp					No
Upper Chesapeake Insurance Company 520 Upper Chesapeake Dr Bel Air, MD 21014 98-0468438	Insurance	MD	UMUCHS	LTD					No
Upper Chesapeake Health Ventures Inc 520 Upper Chesapeake Dr Bel Air, MD 21014 52-2031264	Healthcare	MD	UMUCHS	C Corp					No
Upper Chesapeake Medical Center Land Con 520 Upper Chesapeake Dr Bel Air, MD 21014 77-0674478	Real Estate	MD	UC Med Crt	C Corp					No
Upper Chesapeake Medical Office Building 520 Upper Chesapeake Dr Bel Air, MD 21014 52-1946829	Real Estate	MD	UC Hlth Vent	C Corp					No
Shore Orthopedics Inc 219 S Washington Street Easton, MD 21601 37-1817262	Healthcare	MD	SHS	C Corp					No
Madison Manor Inc 5801 42nd Ave Hyattsville, MD 20781 52-1269059	Healthcare	MD	UMCAPRH	C Corp					No

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Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Affiliated Enterprises Inc 3001 Hospital Drive Cheverly, MD 20785 52-1542144	Healthcare	MD	UMCAPRH	C Corp					No
Dimensions Assurance LTD PO Box 1363 Genesis Bldg Grand Cayman CJ 98-0348082	Insurance	CJ	UMMSC	C Corp					No
Riverside Health of Delaware Inc 1966 Greenspring Drive Ste 600 Timonium, MD 21093 46-3205820	Healthcare	DE	UMMSHP	C Corp					No
Riverside Health of DC Inc 1966 Greenspring Drive Ste 600 Timonium, MD 21093 46-1411713	Healthcare	DC	UMMSHP	C Corp					No